

## APPLICATION PROCESS

### A Guide to Employment in Missouri State Government

There are sixteen executive departments within Missouri State Government and nine of those departments use the same application process “**The Merit System.**” The Merit System is managed by the **Office of Administration, Division of Personnel, located in Room 430, Truman Building, 301 W. High Street, Jefferson City, MO 65101.** The Merit System departments select a majority of their employees through a cooperative selection system. The Division of Personnel also provides applicant information including:

- Current Job Opportunity Announcements
- Job Descriptions
- Eligibility Determinations
- Department Mailing Address
- Agency Locations By County

What are the names of the Merit System Departments?	What are the names of the non-Merit System Departments?
<ol style="list-style-type: none"> <li>1. Office of Administration</li> <li>2. Department of Corrections</li> <li>3. Department of Health</li> <li>4. Department of Mental Health</li> <li>5. Department of Natural Resources</li> <li>6. Department of Social Services</li> <li>7. Department of Economic Development <ul style="list-style-type: none"> <li>Missouri Housing Development Commission</li> <li>Division of Job Development &amp; Training</li> <li>Office of Public Counsel</li> <li>Division of Tourism</li> </ul> </li> <li>8. Department of Labor and Industrial Relations <ul style="list-style-type: none"> <li>Administrative Operations Division</li> <li>Division of Employment Security</li> <li>Industrial Inspection Section of the Division of Labor Standards</li> </ul> </li> <li>9. Department of Public Safety <ul style="list-style-type: none"> <li>State Emergency Management Agency</li> <li>Veterans Commission/Homes</li> <li>Missouri State Water Patrol</li> <li>Missouri Capitol Police</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Department of Agriculture*</li> <li>2. Department of Conservation</li> <li>3. Department of Economic Development*</li> <li>4. Department of Elementary and Secondary Education</li> <li>5. Department of Higher Education</li> <li>6. Department of Insurance*</li> <li>7. Department of Labor and Industrial Relations*</li> <li>8. Department of Public Safety*</li> <li>9. Department of Revenue*</li> <li>10. Department of Transportation</li> </ol> <p style="text-align: center;">*Use same application as Merit System</p>
How do I apply for jobs in the Merit System Departments?	How do I apply for jobs in the non-Merit System Departments?
<p>Complete the application form and the “Supplemental Application.” Each applicant for a Merit System position <b>IS</b> required to complete <b>BOTH</b> the application and the supplemental application. Forward the <b>ORIGINAL</b> of both forms along with transcripts, veterans’ preference proofs, teaching certificates and other supporting documentation to:</p> <p>Division of Personnel  Room 430 Truman Building  301 W. High Street  P.O. Box 388  Jefferson City, MO 65102</p>	<p>Each of the non-merit departments has its own separate employment process; however, as indicated above a number of those departments use the State of Missouri application which is also used to apply for merit examinations. Enclosed you will find a supplemental guide to employment for those non-merit departments who use the State of Missouri Application for Employment form. This guide gives specific information on how to apply for vacancies. For information regarding employment with the non-merit departments who do not utilize the State of Missouri application, please contact the individual department.</p>

## **What happens after I submit my application to the Division of Personnel?**

When your application is received, it will be reviewed for completeness and your eligibility will be established. You will be advised if additional information is needed or if you are ineligible. Eligibles will be scheduled for any required testing and an official admission card will be mailed to you approximately one week prior to the test date. If an examination is not required, the education and experience outlined in your application will be evaluated and a rating will be assigned. Your name will be added to the register when a passing score is sent to you. Once your name is on the register it may be sent to the agencies in grade order when they request a list of names from which to make an appointment. The individual agency may contact you to determine your availability or to schedule an interview. An agency may appoint from the top fifteen or fifteen percent of the available eligibles depending upon the size of the register.

## **GENERAL INFORMATION**

Your application is a state agency's primary source of information about you when you apply. Be sure the application is complete, neat, and easy to read. Incomplete applications will be returned to you for completion. This will delay your consideration for a job.

It is wise to make additional copies of your completed application. Although you must submit an original application to the Division of Personnel to apply for jobs in Merit System agencies, the non-merit agencies will often accept a copy of your application. In addition, most applicants find it helpful to have a copy of their application for reference.

If you have applied through the Division of Personnel for jobs in the Merit System agencies, it is your responsibility to notify the Division of Personnel of any change in name, address, phone number, etc. If you have submitted an application to a non-merit agency, you should contact the agency if any of this information changes.

## **SUPPLEMENTAL GUIDE TO EMPLOYMENT WITH THE NON-MERIT DEPARTMENTS WHO USE THE STATE OF MISSOURI APPLICATION FOR EMPLOYMENT**

Listed below is specific information on how to apply for employment with non-merit departments that use the common State of Missouri Application for Employment form. Please read this information carefully before completing and forwarding the application form to any of these departments since the individual department may have other forms which must be completed before an application can be processed.

**DEPARTMENT OF AGRICULTURE:** The Missouri Department of Agriculture is a non-merit uniform classification and pay (UCP) agency. Employment opportunities information may be obtained by contacting the Personnel Office, 1616 Missouri Boulevard, P.O. Box 630, Jefferson City, Missouri 65102. Telephone Number (573) 751-2493. Application may be made by submitting an original or copy of the State of Missouri Application for Employment form, along with an original Department of Agriculture Applicant Data/Consideration Form to the above address. The Agriculture Applicant Data/Consideration Form can be secured by contacting the department at the above address or telephone number. Applications will be maintained for up to one year in consideration for a maximum of seven separate job classifications.

**DEPARTMENT OF ECONOMIC DEVELOPMENT:** The Department of Economic Development is comprised of non-merit and merit divisions. Please refer to the section on Merit System Employment for positions in the Office of Public Counsel, Job Development and Training, Missouri Housing Development Commission and Tourism. Inquiries and applications for the following non-merit divisions: Administrative Services, Community and Economic Development, Credit Unions, Finance, Motor Carrier and Railroad Safety, Missouri Arts Council and Professional Registration are to be submitted via the State of Missouri Application for Employment form. General applications should be submitted to Room 680, Truman State Office Bldg., 301 West High Street, P.O. Box 1157, Jefferson City, MO 65102. Telephone number (573) 751-3916. Applications for specific positions must be submitted to the Division where the position is located. A resume specifying the position that is being applied for should accompany all State Applications. Inquiries and applications for positions with the Public Service Commission are to be submitted directly to the Manager of Personnel, Missouri Public Service Commission, P.O. Box 360, Jefferson City MO 65102, or delivered to Room 840, Truman State Office Bldg., 301 West High Street, Jefferson City, MO 65101. Telephone Number (573) 751-7508.

**DEPARTMENT OF INSURANCE:** The Missouri Department of Insurance is comprised of five divisions. These divisions are: Office of the Director, Division of Consumer Affairs, Division of Financial Regulation, Division of Market Regulation and Division of Resource Administration. To apply for a position with the Department of Insurance submit a State of Missouri Application for Employment form and a Department of Insurance Applicant Data Consideration Form (may only apply for one position on each application) and return to Room 830, Truman State Office Building, or mail to Missouri Department of Insurance, P.O. Box 690, Jefferson City, MO 65102-0690. (573) 751-6798 or TTD (573) 526-4536. The Department of Insurance Applicant Data Consideration Form can be secured by contacting the Department at the above address or telephone number.

**DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS:** The Missouri Department of Labor and Industrial Relations is composed of merit and non-merit divisions. If you are applying for positions within Department of Labor and Industrial Relations Administration, the Division of Employment Security, or the sections of Mine Safety and On-site Consultation in the Division of Labor Standards, please refer to the section on Merit System Employment. To apply for positions in the Wage and Hour section of the Division of Labor Standards, State Board of Mediation, Worker's Compensation, Governor's Council on Disabilities, Human Rights Commission, Labor and Industrial Relations Commission or the Director's Office, submit a State of Missouri Application for Employment form to Department of Labor and Industrial Relations, Attention Human Resources, P.O. Box 59, Jefferson City, Missouri 65104-0059.

**DEPARTMENT OF PUBLIC SAFETY:** The Department of Public Safety is comprised of merit and non-merit divisions. For the merit divisions (Missouri State Water Patrol, Missouri Veterans Commission/Homes, Missouri Capitol Police, and the State Emergency Management Agency), please refer to the section on Merit System Employment. To inquire about positions and application procedures within all other divisions (Office of the Director, Division of Highway Safety, Division of Fire Safety, Missouri State Highway Patrol, Division of Liquor Control, Missouri Gaming Commission, and the Office of the Adjutant General), information can be obtained at the Department of Public Safety, Office of the Director located in the Truman State Office Building, Room 870 or by contacting (573) 751-4905.

**DEPARTMENT OF REVENUE:** The Department of Revenue is a non-merit uniform classification and pay (UCP) agency. A Request To Be Considered Form indicating the specific position for which you wish to apply should be completed and returned with the State of Missouri Application for Employment form to Department of Revenue, Room 270, Truman State Office Building, 301 West High Street, P.O. Box 475, Jefferson City, Missouri 65102. The Request to Be Considered Form and information regarding vacancies can be secured by contacting the Department of Revenue at (573) 751-2010 or the above address. Applications will be maintained for six months.



STATE OF MISSOURI  
**APPLICATION FOR EMPLOYMENT**  
"AN EQUAL OPPORTUNITY EMPLOYER"

Please type or print in ink. Your application must be completed in its entirety to be considered.

FOR AGENCY USE ONLY

### IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)

PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

TELEPHONE NUMBERS WHERE YOU CAN BE CONTACTED REGARDING EMPLOYMENT

( ) ( )

HOME TELEPHONE NUMBER

( )

OTHER NAMES IN WHICH EMPLOYMENT, MILITARY OR EDUCATION RECORDS MAY BE FOUND

COUNTY AND STATE OF LEGAL RESIDENCE

### EDUCATION

HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED) TEST PASSED?

☐ YES ☐ NO

SCHOOL

LOCATION (CITY AND STATE)

CIRCLE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.) IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS OF PAPER

NAME AND LOCATION	CREDITS EARNED		DEGREE TYPE	MAJOR/MINOR (ATTACH YOUR TRANSCRIPTS)
	QUARTER HOURS	SEMESTER HOURS		

INDICATE SEMESTER HOURS COLLEGE CREDIT IN THESE AREAS:

_____ Accounting	_____ Business Administration	_____ Computer Science/Information	_____ History	_____ Political Science	_____ Social Work
_____ Agriculture	_____ Chemistry	_____ Economics	_____ Journalism	_____ Psychology	_____ Sociology
_____ Biological Sciences	_____ Criminal Justice	_____ Education	_____ Mathematics	_____ Recreation	_____ Statistics

COPY OF TRANSCRIPT MUST BE ATTACHED

### CERTIFICATES/LICENSES

If you are currently certified, registered, or licensed to practice a profession or occupation, give the following:

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/SPECIALIZATION	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUE	EXPIRATION DATE

COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED

### SKILLS

WHAT OFFICE EQUIPMENT CAN YOU OPERATE EFFICIENTLY?

LIST SOFTWARE AT WHICH YOU ARE PROFICIENT

TYPING SPEED	SHORTHAND SPEED	DATE OF LAST TEST	NAME OF ADMINISTERING ORGANIZATION
NET WPM	WPM		

**EXPERIENCE RECORD (PAID AND VOLUNTEER)**

- List your work experience, starting with the most recent. If you have more than one job with the same organization, list each separately. The information you give in the "Duties" section is used to determine your qualifications. For those Merit System jobs which require an education and experience rating, this information is the basis for that rating. Incomplete descriptions may result in your not being qualified or in lower ratings.
- To describe additional experience or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.**

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
REASON FOR LEAVING			

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
REASON FOR LEAVING			

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
REASON FOR LEAVING			

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR?		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING			

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR?		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING			

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR?		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING			

**Additional space for your experience is available on the back of this form.**

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID

REASON FOR LEAVING

## PERSONAL DATA

A. Have you ever been convicted of a felony? ☐ YES ☐ NO

List all such cases in the "Remarks" section and in each case give:

1. The date, court, and county location;
2. The nature (type) of offense or violation (stealing, burglary, etc.);
3. The penalty imposed (disposition)

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

B. Are you authorized to work in the U.S.? ☐ YES ☐ NO

C. Are you willing to travel if position requires it? ☐ YES ☐ NO

REMARKS

---



---



---

## APPLICANT CERTIFICATION

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected, I will be dismissed from the service and, if applicable, my name will be removed from the Merit System register.

SIGNATURE	DATE
-----------	------

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my previous employers or any educational institutions I have attended to release to the State of Missouri's authorized representative any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the State of Missouri to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

SIGNATURE	DATE
-----------	------

YOUR SOCIAL SECURITY NUMBER	
NAME (LAST, FIRST, MIDDLE)	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PERSONNEL  
**SUPPLEMENTAL APPLICATION  
FOR MERIT SYSTEM POSITIONS**

**COMPLETE ALL SECTIONS AND RETURN WITH THE APPLICATION**

**POSITIONS AND AVAILABILITY**

TITLE OF POSITION(S) APPLIED FOR <small>List titles only. DO NOT list departments.</small>	OFFICE USE ONLY	TIME OF AVAILABILITY ON OR AFTER (GIVE DATE)
a		MINIMUM MONTHLY SALARY REQUIRED
b		<b>TYPE OF POSITION(S) FOR WHICH AVAILABLE.</b> Check the type of position(s) you are willing to accept.  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY  <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER  <b>NOTE:</b> TEMPORARY POSITIONS MAY NOT EXCEED 6 MONTHS EMPLOYMENT IN A 12 MONTH PERIOD.
c		
d		
e		
<b>Use a blank sheet for more titles. DO NOT submit another application.</b>		

**LOCATION(S) FOR WHICH AVAILABLE** Check the county or counties in which you are willing to accept appointment.

- |   |                                    |                                    |                                      |                                     |   |                                     |
|---|------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> All Locations  | <input type="checkbox"/> Carroll   | <input type="checkbox"/> Douglas   | <input type="checkbox"/> Johnson     | <input type="checkbox"/> Moniteau   | <input type="checkbox"/> Pulaski          | <input type="checkbox"/> Shannon    |
| <input type="checkbox"/> Adair          | <input type="checkbox"/> Carter    | <input type="checkbox"/> Dunklin   | <input type="checkbox"/> Knox        | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Putnam           | <input type="checkbox"/> Shelby     |
| <input type="checkbox"/> Andrew         | <input type="checkbox"/> Cass      | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Laclede     | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Ralls            | <input type="checkbox"/> Stoddard   |
| <input type="checkbox"/> Atchison       | <input type="checkbox"/> Cedar     | <input type="checkbox"/> Gasconade | <input type="checkbox"/> Lafayette   | <input type="checkbox"/> Morgan     | <input type="checkbox"/> Randolph         | <input type="checkbox"/> Stone      |
| <input type="checkbox"/> Audrain        | <input type="checkbox"/> Chariton  | <input type="checkbox"/> Gentry    | <input type="checkbox"/> Lawrence    | <input type="checkbox"/> New Madrid | <input type="checkbox"/> Ray              | <input type="checkbox"/> Sullivan   |
| <input type="checkbox"/> Barry          | <input type="checkbox"/> Christian | <input type="checkbox"/> Greene    | <input type="checkbox"/> Lewis       | <input type="checkbox"/> Newton     | <input type="checkbox"/> Reynolds         | <input type="checkbox"/> Taney      |
| <input type="checkbox"/> Barton         | <input type="checkbox"/> Clark     | <input type="checkbox"/> Grundy    | <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Nodaway    | <input type="checkbox"/> Ripley           | <input type="checkbox"/> Texas      |
| <input type="checkbox"/> Bates          | <input type="checkbox"/> Clay      | <input type="checkbox"/> Harrison  | <input type="checkbox"/> Linn        | <input type="checkbox"/> Oregon     | <input type="checkbox"/> St. Charles      | <input type="checkbox"/> Vernon     |
| <input type="checkbox"/> Benton         | <input type="checkbox"/> Clinton   | <input type="checkbox"/> Henry     | <input type="checkbox"/> Livingston  | <input type="checkbox"/> Osage      | <input type="checkbox"/> St. Clair        | <input type="checkbox"/> Warren     |
| <input type="checkbox"/> Bollinger      | <input type="checkbox"/> Cole      | <input type="checkbox"/> Hickory   | <input type="checkbox"/> McDonald    | <input type="checkbox"/> Ozark      | <input type="checkbox"/> St. Francois     | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Boone          | <input type="checkbox"/> Cooper    | <input type="checkbox"/> Holt      | <input type="checkbox"/> Macon       | <input type="checkbox"/> Pemiscot   | <input type="checkbox"/> St. Louis County | <input type="checkbox"/> Wayne      |
| <input type="checkbox"/> Buchanan       | <input type="checkbox"/> Crawford  | <input type="checkbox"/> Howard    | <input type="checkbox"/> Madison     | <input type="checkbox"/> Perry      | <input type="checkbox"/> St. Louis City   | <input type="checkbox"/> Webster    |
| <input type="checkbox"/> Butler         | <input type="checkbox"/> Dade      | <input type="checkbox"/> Howell    | <input type="checkbox"/> Maries      | <input type="checkbox"/> Pettis     | <input type="checkbox"/> Ste. Genevieve   | <input type="checkbox"/> Worth      |
| <input type="checkbox"/> Caldwell       | <input type="checkbox"/> Dallas    | <input type="checkbox"/> Iron      | <input type="checkbox"/> Marion      | <input type="checkbox"/> Phelps     | <input type="checkbox"/> Saline           | <input type="checkbox"/> Wright     |
| <input type="checkbox"/> Callaway       | <input type="checkbox"/> Daviess   | <input type="checkbox"/> Jackson   | <input type="checkbox"/> Mercer      | <input type="checkbox"/> Pike       | <input type="checkbox"/> Schuyler         |                                     |
| <input type="checkbox"/> Camden         | <input type="checkbox"/> Dekalb    | <input type="checkbox"/> Jasper    | <input type="checkbox"/> Miller      | <input type="checkbox"/> Platte     | <input type="checkbox"/> Scotland         |                                     |
| <input type="checkbox"/> Cape Girardeau | <input type="checkbox"/> Dent      | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Polk       | <input type="checkbox"/> Scott            |                                     |

**EXAMINATION CENTERS:**

Written and/or performance examinations are required for a number of classifications. Indicate **one** of the following cities in which you wish to take the examination. Not all examinations may be scheduled in these centers.

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cape Girardeau | <input type="checkbox"/> Joplin       | <input type="checkbox"/> Rolla       |
| <input type="checkbox"/> Chillicothe    | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> St. Joseph  |
| <input type="checkbox"/> Columbia       | <input type="checkbox"/> Kirksville   | <input type="checkbox"/> St. Louis   |
| <input type="checkbox"/> Farmington     | <input type="checkbox"/> Nevada       | <input type="checkbox"/> Sedalia     |
| <input type="checkbox"/> Hannibal       | <input type="checkbox"/> Poplar Bluff | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Jefferson City |                                       |                                      |

**HIGH SCHOOL COURSE RECORD:**

Indicate number of years of specialized courses completed in these areas in high school.

- |                      |       |                     |       |
|----------------------|-------|---------------------|-------|
| Biology              | _____ | Industrial Arts     | _____ |
| Bookkeeping          | _____ | Music               | _____ |
| Chemistry            | _____ | Organized Athletics | _____ |
| Data Entry           | _____ | Physical Education  | _____ |
| Fine Arts and Crafts | _____ | Shorthand           | _____ |
| Home Economics       | _____ | Typing              | _____ |

DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS IN THE SCHEDULING OR ADMINISTRATION OF EXAMINATIONS? IF YES, GIVE DETAILS

☐ NO      ☐ YES

LIST TITLES OF MERIT EXAMINATIONS FOR WHICH YOU HAVE PREVIOUSLY APPLIED.





STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PERSONNEL

**PREFERENCE CLAIMS**

Veterans' Preference and Parental Preference categories are explained below.

**VETERANS' PREFERENCE (Applies to open competitive, not promotional examinations)**

If you are a citizen of Missouri who separated under honorable conditions with the armed forces of the United States, check the appropriate boxes as follows:

- ☐ I am now a citizen of Missouri.
- ☐ I served on active duty for at least six consecutive months (unless released early as a result of a service connected disability or a reduction in force at the convenience of the government).  
**Attach a copy of DD214 as proof.** (5 points)
- ☐ I have satisfactorily completed at least six (6) years of service as a member of the reserves or National Guard.  
**Attach appropriate supporting documents as proof.** (5 points)
- ☐ I was called to active duty by the President and participated in a campaign or expedition for which a campaign badge or service medal has been authorized. **Attach a copy of DD214 showing the award.** (5 points)
- ☐ I receive compensation for a service connected disability. **Attach a copy of DD214 and current statement less than six months old from the Veterans Administration.** (10 points)
- ☐ I am a National Guard veteran who was permanently disabled as a result of active service to the state at the call of the governor.  
**Attach documentation.** (10 points)
- ☐ I am the spouse of a disabled veteran who is unqualified for state employment because of the service connected disability. **Attach a current statement less than six months old from the Veterans Administration which states the current percentage and general nature of disability which prohibits your spouse from employment.** (5 points)
- ☐ I am the unmarried surviving spouse of a disabled veteran or a person who was killed while on active duty in the armed forces of the United States or the National Guard as a result of active service to the state at the call of the governor. **Attach copies of spouse's DD214 or casualty report and Death Certificate.** (5 points)

**PARENTAL PREFERENCE (Applies to open competitive, not promotional examinations)**

A parental preference shall be given to persons who terminated state employment to care for young children.

- ☐ I claim 5 points Parental Preference as described in the above paragraph. (If you claim preference complete the questions which follow.) This preference shall be given only for persons who were full-time homemakers and caretakers of children under the age of ten and were not otherwise gainfully employed for a period of at least two years.

1. GIVE THE NAME OF YOUR FORMER STATE AGENCY, YOUR TITLE, AND DATES OF EMPLOYMENT

2. DID YOU RESIGN IN GOOD STANDING?

3. GIVE THE FULL NAME THAT YOU WORKED UNDER

4. STATE THE INCLUSIVE DATES OF THE PERIOD YOU WERE A FULL-TIME HOMEMAKER AND CARETAKER OF CHILDREN UNDER THE AGE OF TEN

5. LIST ANY EMPLOYMENT DURING THE ABOVE PERIOD

6. STATE THE NAMES AND BIRTHDATES OF THE CHILDREN WHO WERE UNDER THE AGE OF TEN WHEN YOU WERE A FULL-TIME HOMEMAKER AND THEIR CARETAKER

**TO BE SIGNED BY ALL CLAIMANTS**

I hereby certify that this form contains no willful misrepresentations or falsifications, and that the information given by me is true and complete, to the best of my knowledge and belief.

SIGNATURE (INK OR INDELIBLE PENCIL)

DATE



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PERSONNEL

**APPLICANT CHARACTERISTIC SURVEY**

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for examination. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

**INSTRUCTIONS**

Please fill in your Social Security Number in the spaces provided below. Circle the correct number in each question below. Place your numbered answer to each question in the space indicated by the arrow. Return this form with your application for employment.

**SOCIAL SECURITY  
NUMBER**



--	--	--	--	--	--	--	--	--	--



A. What sex are you?

1. Male
2. Female



B. What is the highest level of education you have attained?

1. 0 - 8 years
2. 9 - 12 years but not a high school graduate
3. High school graduate (or passed GED test)
4. Post high school vocational or business school training
5. College, less than B.A. or B.S. degree
6. B.A., or B.S., or comparable bachelor's degree
7. M.A., or M.S., or comparable master's degree
8. PhD, JD, LLB, or comparable professional degree
9. MD, or comparable professional degree in medicine



C. Of the following, of which racial/ethnic group do you consider yourself a member?

- |                    |                   |          |
|--------------------|-------------------|----------|
| 1. American Indian | 3. Asian/Oriental | 5. White |
| 2. Hispanic        | 4. Black          | 6. Other |



D. What is your age? (Indicate the age group in which you fall.)

- |                |                |                     |
|----------------|----------------|---------------------|
| 1. 16-24 years | 4. 40-49 years | 7. 65-69 years      |
| 2. 25-29 years | 5. 50-59 years | 8. 70 or more years |
| 3. 30-39 years | 6. 60-64 years |                     |



E. How did you learn about this merit system examination?

- |   |                            |
|---|----------------------------|
| 1. Merit Examination Announcement                 | 6. Radio                   |
| 2. Missouri State Division of Employment Security | 7. Television              |
| 3. Other state agency                             | 8. Newspaper or periodical |
| 4. Friend   | 9. School                  |
| 5. State employee                                 | 10. Other                  |



F. Do you have a physical or mental disability which does not prevent employment, but which should be considered in job placement? If you do, indicate the area of impairment.

- |                  |                      |           |
|------------------|----------------------|-----------|
| 1. No disability | 5. Epilepsy          | 9. Mental |
| 2. Sight         | 6. Diabetes          | 10. Other |
| 3. Hearing       | 7. Cardiac           |           |
| 4. Amputee       | 8. Partial Paralysis |           |

**RETURN THIS FORM TO THE**

Division of Personnel

P.O.Box 388

Jefferson City, MO 65102

**WITH THE APPLICATION FOR MERIT SYSTEM EXAMINATION**